Louisiana
Capital
Assistance
Center

A Non-Profit Law Office

July 18, 2005

Clerk
United States District Court
Southern District of Texas
Houston Division
PO BOX 61010
Houston, TX 77208

Re: *Perry Allen Austin v Doug Dretke*
No. 04-2387

Dear Clerk:

Enclosed for filing in the above numbered and styled cause are Exhibits 97-106 for Petitioner's **First Amended Petition for Habeas Corpus.** The Amended Petition was filed electronically today. As these exhibits are voluminous and many contain sensitive information it is requested that they not be made a part of the electronic record.

By way of service, I am also forwarding a copy of this letter and enclosures to counsel for Respondent.

Sincerely,

Richard Bourke
Counsel *pro hac vice* for Perry Austin

c.c.

Margaret Schmucker
Assistant Attorney General
Postconviction Litigation Division,
Post Office Box 12548, Austin,
Texas 78711-2548

United States District Court
Southern District of Texas

Case Number: H-04-2387

ATTACHMENT

Description:

☐ State Court Record ☐ State Court Record Continued

☐ Administrative Record

☐ Document continued - Part _____ of _____

☒ Exhibit(s) number(s) / letter(s) # 97

Other: to Pltf's First Amended Pet. For Habeas Corpus

Exhibit Index
Amended Petition
July 18, 2005

Exhibit	Vol.	Description	Date
97.	11	Darnell Military Records	1978
98.	11	Affidavits of Anna Arceneaux	07/18/05
99.	11	Affidavit of Thomas Warren, TDC	07/11/05
100.	11	Affidavit of Dempsey Sutton	6/11/04
101.	11	Transcript of Perry Austin's Second Statement with Sergeant Allen	02/21/01
102.	11	Breed Testimony (Ruiz v. Johnson)	1980
103.	11	Riveland Testimony (Ruiz v. Johnson)	1980
104.	11	Riveland Report (Ruiz v. Johnson)	1979
105.	11	Curry Report (Ruiz v. Johnson)	3/19/02
106.	11	Haney Testimony (Ruiz v. Johnson)	1980

EXHIBIT 97

Filo

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	EMERGENCY ROOM
	24 MAR 1975 DARNALL ARMY HOSPITAL FORT HOOD, TEXAS 76544
	OD ASA Acetylsalicylate down
	15cc Ipecac given
	Copious H2O
2205	Salicylate level 51.7
	CBC pro time
2230	Chest xray
	Bun, Lytes
	Admit to CCU
	DEPARTMENT OF THE ARMY SEP 30 1975 DARNALL ARMY HOSPITAL FORT HOOD, TEXAS
	OCT 21 1975 DARNALL ARMY HOSPITAL FORT HOOD, TEXAS

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle Initial)			SEX
Austin Perry			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPARTMENT/SERVICE
1957	D/S	40	AF
SPONSOR'S NAME			RANK/GRADE
Perry Williams			SFC
SSAN OR IDENTIFICATION NO.		ORGANIZATION	
02 304-32 0422			

5113-1 WHCO (Cont)
Fort Hood TX.
532-2269

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
September 1971
General Services Administration and Interagency Comm. on Medical Records
FPMR 101-11.809-3
600-104-01

CHIEF COMPLAINT(S): Cough x10 days

RESPIRAT

------------SUBJECTIVE------------DATA------------OBJECTIVE------------

X Chief complaint correct at Triage
* Return visit for unchanged problem
* Possibly pregnant
* Taking MD ordered med:
* Contraindicated med:
* Shaking chills
* Fev for mor thn 5d
* Rash for les thn 5d

EAR
Tinnitus* __severe
Vertigo* __severe
Earache for:
Decreased hearing
Ear itching

NOSE & SINUS
X Nasal congestion
Nasal drain __purul
recurrent/season
watery
Itching eyes/nose
tearing
Sin xray in last 3mo
Runny nose for:

THROAT & NECK
Pos TC in last 10d
Pos TC in fam now
Fast rheum fever
Sore throat for:
Hoarseness for:

CHEST
Shortness of breath
X Cough for:
not improving
* prod pur/bld sput
Chest pain __mild

OTHER
Headache for:
* Other:

DAY 21 MO OCT YR 75
TIME SEEN
TEMP 97.6 F
RESP __b/m BP __/__
* Abnormal VS

EAR
Mastoid tend* __sev
Ear drainage
* bloody
white-yellow
TM not visible
__can fil with wax
TM loss of landmark
TM redness
TM air fluid level
TM bubbles
* TM retracted
* TM scar
* TM perforated
Canal tenderness
Canal swollen __red
local* __pointing
outer half
Ear fissures/scales*

TIME IN
TIME OUT
PULSE
* Appears severely ill

NOSE & SINUS
Nasal drain __water
__purul* __act bld
Nasal muc swol & r
* Facial swelling
Sinus tenderness

THROAT & NECK
Red pharynx
Tonsillar exudate
* Peritonsillar swel
Lymph nodes* __post
__tender anterior

CHEST
#* Unequal brth sounds
#* Rales rhon or whee
Chest point tender

OTHER
#* Decreas neck flex
Other:

------------ASSESSMENT------------

__Labyrinthitis	__Ac Otitis Ext	X Rhinitis, NOS	__Laryngitis	*__Other:
__Ac Otitis Media	__Chr Otit Ext	__Strep Sore Thr	__Costochondritis	
__Ac Ser Otit Med	__Ac Sinusitis	__Ac Phar,Pos Str	X Bronchitis ACUTE	
__Furuncle	__Allerg Rhinitis	__Ac Phar,NOS	__Headache	

------------PLAN------------

TREATMENT
* __Temporary profile for: Type:
* __Quarters for:
__Return to clinic on:
__Pen V 250 mg #40 1 qid x10d
__Erythro 250mg #40 1 qid x10d
__Cortisporin Otic 10cc 4gtt qid x10d
__Hydrocort Cm 1% 30 GM Apply bid
__Aspirin 325 mg #30 2 q6h prn
X Acetaminophen 325 mg #30 2 q6h prn
__Cepacol Loz #24 1 q4h prn
X Robitussin ~~1 FL OZ~~ 4 oz 1 tsp q4h prn
__Dimenhydri 50 mg #12 1 q6h prn
__Chlorphen mal 4 mg #50 1 q6h prn

X Actifed #30 1 tid x5 days
__Dimetapp #20 1 bid
__Neosynephrine 0.25% 15cc 2gtt qid x10d
* __Other than AMOSIST Manual:

CONSULTATIONS & REFERRALS
__Throat culture __Ear culture
__Ear canal irrigat __Monospot
__Sinus x-rays __Nose culture
__Chest x-ray

DISPOSITION
__Duty or home
* __Hospital ward:
* __Other:

SEEN BY amosist Downing m.d.

Demo /#=rt side/#=+ lt side/#=+ both sides/=do only if requested/#=MD trans if

AD 304 04 22

AUSTIN PERRY A
1959 M AD USA
57 WILLIAM H

MDA Form 322 7 Oct 75

FULL NAME:
SSN __/__/__
BIRTH YR __ SEX m f
SPONS act ret res oth SERVICE ar af mar nav ot
RANK: UNIT:
TELEPHONE home __ work __/__

FIRST VISIT yes n
STATUS spons dep

TIME START

UPPER RESPIRATORY INFECTION /OTITIS

E FINISH

CHIEF COMPLAINT AND DURATION:

Sinus Congestion x 4 wks c̄ ST

* [ ] SPONTANEOUS RETURN

	SUBJECTIVE	OBJECTIVE
GENERAL	[+] Malaise Duration 2-3 wks [0] Fever Duration Highest temp [0] Headache [0] Medication allergies: * [0] Pregnant female	* [0] Patient appears severely ill T 101.5 P R BP * [0] Jaundice [0] Abdominal exam * [ ] Spleen * [ ] Liver * [0] Skin rash (describe)
THROAT & NECK	[✓] Sore throat [+] Painful swallowing [0] Hoarseness Duration [ ] Recent positive Strep culture [ ] Family exposure to Strep [ ] Past Hx of Rheumatic Fever [ ] Past Hx of Glomerulonephritis	* [0] Meningismus (stiff neck) [✓] Tonsilopharyngeal inflammation [0] Exudate on tonsils or pharynx [✓] Enlarged lymph nodes [✓] ant [✓] post [✓] tender * [0] Red spots on palate * [0] Strawberry tongue multiple shoddy
EARS	[0] Earache [✓] Ear congestion [0] Drainage * [ ] Bloody * [ ] Purulent [ ] Decreased hearing [ ] Tinnitus * [ ] Severe [ ] Vertigo * [ ] Severe [ ] Itching ears [ ] Recent Rx: [ ] OM [ ] OE	* [0] Tender mastoid * [ ] Foreign body in ear [ ] Canal inflamed [ ] Furuncle * [ ] Pointing [ ] Canal obstruction [ ] Wax [ ] Pus * [ ] Blood [ ] Membrane inflamed/bulging/loss landmark [✓] Membrane blue/retracted/air-fluid level * [0] Perforation of membrane [0] Old scarring of membrane
NOSE & SINUS	[✓] Runny/stuffy nose/sneezing [✓] Itching/tearing eyes [0] Known allergy [ ] Chronic sinusitis Rx: [ ] Purulent/foul tasting/smelling discharge	[0] Frontal or maxillary sinus tenderness [0] Blood in the nose [✓] Swollen boggy nasal mucosa
CHEST	[0] Cough [ ] Productive of sputum * [ ] Bloody [ ] Purulent [0] Chest pain * [ ] Mod-severe * [0] Shortness of breath * [ ] Wheezing	* [0] Rales * [0] Wheezing: [ ] Inspiration [ ] Expiration * [0] Dullness to percussion [0] Costochondral tenderness/costotransverse

* Other: Also c̄ gen. myalgias

0 – negative 1 – mild 2 – moderate 3 – severe Blank – not applicable * – consult MD

ASSESSMENT:

Pharyngitis / Viral Syndrome

Name	Age	Sex	Sponsor's SSN	Telephone number
	16	[illegible]		

Austin Perry

0422

PLAN:

Meds: ① Pen v-k 250 mg qid x 10 days
② Sudafed ii Tid
Diagnostic studies: ③ Cepacol trochs qid PRN

Instructions: CBC – mono – TC [ ] Pt Ed sheet
Force Fluids

Return: If no ↗

MD Cortie... AMOSIST [signature] 9/30/?5

FH FORM 14 DEC 72 1220

001908

TIME START

UPPER RESPIRATORY INFECTION /OTITIS

TIME FINISH

CHIEF COMPLAINT AND DURATION:

(R) Ear Ache X [illegible]

* [ ] SPONTANEOUS RETURN

SUBJECTIVE | OBJECTIVE

GENERAL

- [0] Malaise Duration
- [0] Fever Duration
- Highest temp
- [0] Headache
- [0] Medication allergies:
- * [0] Pregnant female

- * [0] Patient appears severely ill
- T 98.6 P R BP
- * [0] Jaundice
- [0] Abdominal exam
- * [0] Spleen
- * [ ] Liver
- * [0] Skin rash (describe)

THROAT & NECK

- [0] Sore throat [ ] Painful swallowing
- [ ] Hoarseness Duration
- [ ] Recent positive Strep culture
- [ ] Family exposure to Strep
- [ ] Past Hx of Rheumatic Fever
- [ ] Past Hx of Glomerulonephritis

- * [0] Meningismus (stiff neck)
- [ ] Tonsilopharyngeal inflammation
- [ ] Exudate on tonsils or pharynx
- [ ] Enlarged lymph nodes [ ] ant [ ] post [ ] tender
- * [ ] Red spots on palate
- * [ ] Strawberry tongue

EARS

- [+] Earache
- [0] Ear congestion
- [+] Drainage * [ ] Bloody * [ ] Purulent
- [0] Decreased hearing
- [+] Tinnitus * [ ] Severe
- [0] Vertigo * [ ] Severe
- [0] Itching ears
- [0] Recent Rx: [ ] OM [ ] OE

- * [+] Tender mastoid
- * [+] Foreign body in ear
- [+] Canal inflamed [ ] Furuncle * [ ] Pointing
- [0] Canal obstruction [ ] Wax [ ] Pus * [ ] Blood
- [0] Membrane inflamed/bulging/loss landmark
- [0] Membrane blue/retracted/air-fluid level
- * [0] Perforation of membrane
- [0] Old scarring of membrane

NOSE & SINUS

- [+] Runny/stuffy nose/sneezing
- [0] Itching/tearing eyes
- [+] Known allergy Cats
- [0] Chronic sinusitis Rx:
- [0] Purulent/foul tasting/smelling discharge

- [0] Frontal or maxillary sinus tenderness
- [ ] Blood in the nose
- [ ] Swollen boggy nasal mucosa

CHEST

- [0] Cough [ ] Productive of sputum
- * [ ] Bloody [ ] Purulent
- [ ] Chest pain * [ ] Mod-severe
- * [ ] Shortness of breath * [ ] Wheezing

- * [0] Rales
- * [ ] Wheezing: [ ] Inspiration [ ] Expiration
- * [ ] Dullness to percussion
- [ ] Costochondral tenderness/costotransverse

* Other: Ache 1 [illegible] day / Pt [illegible] gets water in Ear when showering

0 – negative 1 – mild 2 – moderate 3 – severe Blank – not applicable * – consult MD

ASSESSMENT:

Otitis Externa

PLAN:
Meds: (1) Cortisporin otic gtts iii Q [illegible] affected ear X 5 days

Diagnostic studies: (2) ASA [illegible] Q [illegible] PRN

Instructions: [ ] Pt Ed sheet (3) [illegible] gtts iii [illegible] ear X 5 days TID

Return: ~~[illegible]~~

22 July 75

MD AMOSIST [signature]

Name Age Sex Sponsor's SSN Telephone number
016 3 Mg 32 04 22

AUSTIN PERRY A
1959 M AD USA
E7 WILLIAM H

FH FORM 14 DEC 72 1220

Standard Form 507
Revised August 1961
Bureau of the Budget
Circular A-34

U.S. GOVERNMENT PRINTING OFFICE: 1971-FSS 7470-8/468-32

CLINICAL RECORD

Report on

MEDICAL PROBLEM FLOW CHART

PROB No.	DATE OF ONSET	ACTIVE PROBLEMS & MEDICATIONS	INACTIVE PROBLEMS	DATE RESOLV
		ASO OD		

PATIENT'S IDENTIFICATION (For typed or written entries give: name (last, first, middle initial), register number, ward no., date, hospital or medical facility)

AUSTIN PERRY A
391 90 02 30432 04 22
AUSTIN WILLIAM N SFC

REGISTER NO.

WARD NO.

REPORT ON MEDICAL PROBLEM FLOW CHART

Standard Form 507
507 (01)

OUTPATIENT COPY

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

US DARNALL ARMY HOSPITAL, FORT HOOD, TEXAS 76544

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DISCHARGE NOTE

DATE ADMITTED [illegible] DATE DISCHARGED [illegible]

CAUSE OF ADMISSION

[illegible]

THERAPEUTIC/SURGICAL PROCEDURE

FINAL DIAGNOSIS

[illegible]

MEDICATION PRESCRIBED

[illegible]

RECOMMENDED FOLLOW-UP CARE

[illegible]

SIGNATURE OF PHYSICIAN

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

AUSTIN TERRY A
391 90 02 30432 04 22
AUSTIN WILLIAM N SFC
HHT 6 ACCB
USDAH FT HOOD TX U/E
INPATIENT RECORDS N
MDA OP 33 a
20 Feb 75

PATIENT'S NAME (Last, First, Middle initial)			SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVIC
SPONSOR'S NAME			RANK/GRADE
SSAN OR IDENTIFICATION NO.		ORGANIZATION	

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
September 1971
General Services Administration and
Interagency Comm. on Medical Records
FPMR 101-11.809-3
600-104-01

New

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	OUTPATIENT CLINIC NOV 1 - 1974 DA[illegible] ARMY HOSPITAL FORT HOOD, TEXAS

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

01 30432 04 22

AUSTIN PERRY A
1959 M AD USA
E7 WILLIAM N

01

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
AUSTIN, PERRY A.			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SER
59	AD 5	A 12	Cml
SPONSOR'S NAME			RANK/GRAD
William N. Austin			E-7
SSAN OR IDENTIFICATION NO.		ORGANIZATION	
304-32-0422		HHC 22D Av.	

CHRONOLOGICAL RECORD OF MEDICAL CA

Standard Form 600 5 62
September 1971
General Services Administration and
Interagency Comm. on Medical Records
FPMR 101-11.809-3
600-104-01

532-2269

57113-1 WACO CT. FT. HOOD. TX

START

1540

UPPER RESPIRATORY INFECTION /OTITIS

CHIEF COMPLAINT AND DURATION:

Ear pain x Twk

* ☐ SPONTANEOUS RETURN

TIME

1545

SUBJECTIVE | **OBJECTIVE**

GENERAL

- ☑ Malaise Duration
- ☑ Fever Duration
- Highest temp
- ☑ Headache
- ☑ Medication allergies:
- * ☑ Pregnant female

- * ☑ Patient appears severely ill
- T P R BP
- * ☑ Jaundice
- ☐ Abdominal exam
  - * ☐ Spleen
  - * ☐ Liver
- * ☑ Skin rash (describe)

THROAT & NECK

- ☑ Sore throat ☐ Painful swallowing
- ☑ Hoarseness Duration
- ☐ Recent positive Strep culture
- ☐ Family exposure to Strep
- ☐ Past Hx of Rheumatic Fever
- ☑ Past Hx of Glomerulonephritis

- * ☑ Meningismus (stiff neck)
- ☐ Tonsilopharyngeal inflammation
- ☐ Exudate on tonsils or pharynx
- ☐ Enlarged lymph nodes ☐ ant ☐ post ☐ tender
- * ☑ Red spots on palate
- * ☑ Strawberry tongue

EARS

- ☑ Earache
- ☑ Ear congestion
- ☑ Drainage * ☐ Bloody * ☐ Purulent
- ☐ Decreased hearing
- ☐ Tinnitus * ☐ Severe
- ☐ Vertigo * ☐ Severe
- ☐ Itching ears
- ☑ Recent Rx: ☐ OM ☐ OE

- * ☑ Tender mastoid
- * ☐ Foreign body in ear
- ☐ Canal inflamed ☐ Furuncle * ☐ Pointing
- ☑ Canal obstruction ☐ Wax ☐ Pus * ☐ Blood
- ☑ Membrane inflamed/bulging/loss landmark
- ☑ Membrane blue/retracted/air-fluid level
- * ☑ Perforation of membrane
- ☑ Old scarring of membrane

NOSE & SINUS

- ☑ Runny/stuffy nose/sneezing
- ☐ Itching/tearing eyes
- ☐ Known allergy
- ☐ Chronic sinusitis Rx:
- ☑ Purulent/foul tasting/smelling discharge

- ☑ Frontal or maxillary sinus tenderness
- ☐ Blood in the nose
- ☑ Swollen boggy nasal mucosa

CHEST

- ☑ Cough ☐ Productive of sputum
  - ☐ Bloody ☐ Purulent
- ☑ Chest pain * ☐ Mod-severe
- * ☐ Shortness of breath * ☐ Wheezing

- * ☐ Rales
- * ☐ Wheezing: ☐ Inspiration ☐ Expiration
- * ☐ Dullness to percussion
- ☐ Costochondral tenderness/costotransverse

* Other:

0 – negative 1 – mild 2 – moderate 3 – severe Blank – not applicable * – consult MD

ASSESSMENT:

Otitis Media

Name Age Sex Sponsor's SSN Telephone number

15 ♂

Austin Perry

0422

PLAN:

Meds: Erythromycin 250mg ... x10d

Sudafed 30mg ... tid x10d

Diagnostic studies:

Instructions: fluids

☐ Pt Ed sheet

Return:

MD AMOSIST

R. Ward

11/4/74

FH FORM 14 DEC 72 1220

0422

CLINICAL RECORD COVER SHEET *(For Plate Imprinting)*

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

1-28. PATIENT DATA

391 901 AUSTIN PERRY A DEP
M 15 CAU P 2230 24MAR75
02 304320422 SON-A-SFC U/E DIS
HLT 6 ACCB OCT76 NO
DIRECT
AUSTIN WILLIAM N/F 532 2269
5111-1 WACO CT FT HOOD TX 76544
USDAH FT HOOD TX 423482M5AA1
ASA OVERDOSE ACUTE MED

LINE	LEGEND
1	REGISTER NUMBER-NAME-GRADE
2	SEX-AGE-RACE-RELIGION-LENGTH OF SVC-HOUR OF ADMISSION-DATE OF THIS ADMISSION
3	FMP-SSAN-ORGANIZATION/AUTHORITY FOR ADMISSION-WARD-TYPE CASE
4	FLG STATUS-RATING/DSG-DEPT-BRANCH/CORPS-UIC-ETS-PREV ADMISSION
5	SOURCE OF ADMISSION-DATE OF INITIAL ADMISSION
6	NAME OF EMERGENCY ADDRESSEE-RELATIONSHIP
7	ADDRESS OF EMERGENCY ADDRESSEE-TELEPHONE NO
8	NAME AND LOCATION OF MEDICAL TREATMENT FACILITY-MEDICAL TREATMENT FACILITY CODE

ADMISSION REMARKS

ADMITTING OFFICER

29. SELECTED ADMINISTRATIVE DATA

(Check ☐ if continued on reverse side)

30. CLINIC SERVICE
General Medicine

31. DISPOSITION
Discharged from hospital

32. DATE OF DISPOSITION
26 Mar 75

33. UNITS OF WHOLE BLOOD TRANSFUSED

34. PHYSICAL PROFILE

TYPE	P	U	L	H	E	S	SUFF
PREVIOUS							
REVISED							

☐ PROFILE UNCHANGED

35. CAUSE OF INJURY

(Check ☐ if continued on reverse side)

36. DIAGNOSES - OPERATIONS AND SPECIAL PROCEDURES

1. **Adolescent adjustment reaction in a mixed personality manifested by ASA overdose. SEVERITY: Severe. ACUTE. EXTERNAL PRECIPITATING STRESS: Severe. As manifested by school and family problems. PREMORBID PERSONALITY AND PREDISPOSITION: None. IMPAIRMENT: None.**

HEALTH [illegible]

I 011912

(Check ☐ if continued on reverse side)

37. DAYS DURATION THIS FACILITY
a. 2 TOTAL b. 2 BED DAYS c. _____ QUARTERS OR DISPENSARY d. _____ LEAVE

SIGNATURE OF ATTENDING PHYSICIAN OR DENTIST
/s/ STEPHEN JORDAN, MAJ MC

SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
DARLOWEL. INBERG, MAJ, MSC, CE, PAD

DA FORM 1 OCT 70 3647-1 THIS FORM, TOGETHER WITH DA FORM 3647, 1 OCT 70, REPLACES DA FORMS 8-275, 1 DEC 66, 8-275-1, 1 JUN 67, 8-275-2, 1 APR 67 & 8-275-3, 1 FEB 68, WHICH ARE OBSOLETE.

PRIVACY ACT STATEMENT

HEALTH CARE RECORDS

AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER:
Sections 133, 1071-1087, 3012, 5031, and 8012, Title 10, US Code and Executive Order 9397.

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
The purpose for requesting personal information is to assist medical personnel in developing records to facilitate and document your health condition in order to provide you health care treatment and to provide a complete account of such care rendered, including diagnosis, treatment, and end result. The SSN is necessary to identify the person and records.

ROUTINE USES:
This information may be used to plan and coordinate health care. It may be used to provide medical treatment; conduct research; teach; compile statistical data; determine suitability of persons for service or assignments; implement preventive health and communicative disease control programs; adjudicate claims and determine benefits; evaluate care rendered; determine professional certification and hospital accreditation; conduct authorized investigations; provide physical qualifications of patients to other federal, state and local agencies upon request in the pursuit of their official duties; and report medical conditions required by law to federal, state and local agencies. It may be used for other lawful purposes including law enforcement and litigation.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

In the case of active duty military personnel, disclosure of requested information is mandatory. In the case of all other personnel/beneficiaries, disclosure of requested information is voluntary. If the information is not furnished, optimum medical care may not be possible.

I understand that the foregoing one time privacy act statement will apply to all requests for personal information made by medical treatment personnel or for medical treatment purposes. I further understand that a copy of this form which I have signed will be placed in my health care records as evidence of this notification. I have received a copy of this statement which I can retain, and I understand that I can receive additional copies of this statement from any Medical Treatment Facility upon request.

30 Sept 75
(Date)

(Signature-Patient or authorized sponsor or guardian of patient)

DD Form 2005 (26 Sep 75)

011913

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

30433 C4 22 532-2269

AUSTIN PERRY A
1959 M AD USA
17 WILLIAM M

REGISTER NO. 04222 WARD NO. AMIC

AGE 46 SEX M (Check one) ☐ BEDSIDE, WHEELCHAIR OR STRETCHER ☐ BED PATIENT ☒ AMBULATORY

EXAMINATION REQUESTED

PA & LAT CHEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

46YR OLD M c/o persistent cough x 10 DAYS . . . .
NON PRODUCTIVE

FILM NO. DATE REPORTED 21 OCT 75 REQUESTED BY [illegible]

RADIOGRAPHIC REPORT

CHEST 21 OCTOBER 75: There are the residua of old granulomatous disease. There is n acute infiltrate.

21 OCT 75

LESTER GOLDBERG, MAJ MC

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

DATE OF REPORT: 21 OCT 75

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 195[illegible]
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-207

AUSTIN, Perry A
D/S E7 William
304-32-0422
S+S 532-2269

HEA/HC

SEROLOGY

SPECIMEN/LAB RPT. NO

URGENCY: ROUTINE / TODAY / PRE-OP / STAT

PATIENT STATUS: BED / AMB. / OUTPATIENT / NP / DOM.

SPECIMEN SOURCE: BLOOD / OTHER (Specify)

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

APR 5 11 51 AM '76

REQUESTING PHYSICIAN'S SIGNATURE: Col Webb

REPORTED BY

MD / TECH

DATE: 5 Apr 76

LAB ID NO.

REMARKS:

RPR NON REACTIVE

14 67

GERALD A. ... MD
MAJ ... MC

TEST(S)			INFLUENZA QUAL	INFLUENZA QUANT	...	VDRL QUAL	VDRL QUANT	FTA-ABS	TA	RA	ANTI-NUCLEAR FACTOR (ANF)	COLD AGG.	ASO	CRP	SERUM COMPLEMENT	FEBRILE AGG.	COMP FIX.	HAI
SPECIMEN TAKEN	DATE / TIME / AM PM	(x) REQUESTED																
RESULTS																		

SEROLOGY
Standard Form 551 (July 1971)—GSA FPMR 101-11.8

AUSTIN, Perry A
D/S E7 William
304-32-0422
S+S 5322269

MISC.

SPECIMEN LAB RPT. NO.

URGENCY: ROUTINE / TODAY / PRE-OP / STAT

PATIENT STATUS: BED / AMB. / OUTPATIENT / NP / DOM.

SPECIMEN SOURCE (Specify)

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: Col Webb AG

REPORTED BY

MD / TECH

DATE

LAB. ID. NO.

REMARKS:

TEST(S): TINE

SPECIMEN TAKEN: DATE / TIME / AM PM

REQUESTED

RESULTS

DATE GIVEN 5 APR 1976
DATE READ 7 Apr 76
RESULT Neg

MISCELLANEOUS
Standard Form 557 (July 1971)—GSA FPMR 101-11.8

011915

CLINICAL RECORD COVER SHEET *(For Plate Imprinting)*

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

1-28. PATIENT DATA

391 901 AUSTIN PERRY A DEP
M 15 CAU P 2230 24MAR75
02 304320422 SON-A-SFC U/E DIS
HLT 6 ACCB OCT76 NO
DIRECT
AUSTIN WILLIAM N/F 532 2269
51113-1 WACO CT FT HOOD TX 76544
USDAH FT HOOD TX 423482M5AA1
ASA OVERDOSE ACUTE MED

LINE	LEGEND
1	REGISTER NUMBER-NAME-GRADE
2	SEX-AGE-RACE-RELIGION-LENGTH OF SVC-HOUR OF ADMISSION-DATE OF THIS ADMISSION
3	FMP-SSAN-ORGANIZATION/AUTHORITY FOR ADMISSION-WARD-TYPE CASE
4	FLG STATUS-RATING/DSG-DEPT-BRANCH/CORPS-UIC-ETS-PREV ADMISSION
5	SOURCE OF ADMISSION-DATE OF INITIAL ADMISSION
6	NAME OF EMERGENCY ADDRESSEE-RELATIONSHIP
7	ADDRESS OF EMERGENCY ADDRESSEE-TELEPHONE NO
8	NAME AND LOCATION OF MEDICAL TREATMENT FACILITY-MEDICAL TREATMENT FACILITY CODE

ADMISSION REMARKS

ADMITTING OFFICER

29. SELECTED ADMINISTRATIVE DATA

(Check ☐ if continued on reverse side)

30. CLINIC SERVICE
General Medicine

31. DISPOSITION
Discharged from hospital

32. DATE OF DISPOSITION
26 Mar 75

33. UNITS OF WHOLE BLOOD TRANSFUSED

34. PHYSICAL PROFILE

TYPE	P	U	L	H	E	S	SUFF
PREVIOUS							
REVISED							

☐ PROFILE UNCHANGED

35. CAUSE OF INJURY

(Check ☐ if continued on reverse side)

36. DIAGNOSES - OPERATIONS AND SPECIAL PROCEDURES

1. Adolescent adjustment reaction in a mixed personality manifested by ASA overdose. SEVERITY: Severe. ACUTE. EXTERNAL PRECIPITATING STRESS: Severe. As manifested by school and family problems. PREMORBID PERSONALITY AND PREDISPOSITION: None. IMPAIRMENT: None.

jw

(Check ☐ if continued on reverse side)

37. DAYS DURATION THIS FACILITY
a. 2 TOTAL b. 2 BED DAYS c. ____ QUARTERS OR DISPENSARY d. ____ LEAVE

SIGNATURE OF ATTENDING PHYSICIAN OR DENTIST
S/ STEPHEN JORDAN, MAJ, MC

SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
DARLENE E. INBERG, MAJ, MSC, CH, PAD

DA FORM 3647-1 THIS FORM TOGETHER WITH DA FORM 3647-2 (OCR) REPLACES DA FORMS 3647 AND 3647-1, WHICH ARE OBSOLETE.

WORK COPY - MEDICAL/PEDIATRICS

CLINICAL RECORD COVER SHEET (Plate Imprinting)

391 901 AUSTIN PERRY A DEP
M 15 CAU P 2230 24MAR75
02 304320422 SON-A-SFC U/E DIS
HLT 6 ACCB OCT76 NO
DIRECT
AUSTIN WILLIAM N/F 532 2269
51113-1 WACO CT FT HOOD TX 76544
USDAH FT HOOD TX 423482M5AA1
ASA OVERDOSE ACUTE MED

CLINIC SERVICE: MEDICAL/PEDIATRICS

DISPOSITION:

DATE OF DISPOSITION: 26 Mar

NO. OF WHOLE BLOOD TRANSFUSED:

PHYSICAL PROFILE

TYPE	P	U	L	H	E	S	Suffix
PREVIOUS							
REVISED							

PROFILE UNCHANGED

CAUSE OF INJURY:

LINE OF DUTY:

DIAGNOSES - OPERATIONS AND SPECIAL PROCEDURES

LIST ALL DIAGNOSES NUMERICALLY IN ORDER OF IMPORTANCE:

Acute upper respiratory infection	4650	Hepatitis, acute	5/[illegible]
Alcoholism	3039	Hepatitis, infective	070[illegible]
Anemia	2851	He	
Arteriosclerosis, cerebral	4379	Hyil.	
Arteriosclerosis, generalized	4409	Hyl	
Arthritis, rheumatoid	7123	Imj	
Asthma w/acute bronchitis	4900	In	
Battered child syndrome NEC	9968	In	
Bronchitis, chronic	4019	In	
Bronchitis, unqualified	4900	In	
Cardiac arrest	4272	Ma	
Cellulitis & abscess with lymphangitis	682	Ma	
		Me	
Chickenpox	0520	Mul	
Cholelithiasis	5740	Ob	
Cirrhosis of liver	5719	Pn	
Cirrhosis of liver w/alcoholism	5710	Pn	
Cold, common	4600	Po	
Colitis, ulcerative	5631	Pu	
Concussion (commotion) brain	8500	Ru	
Croup, bronchial	4660	St	
Diabetes mellitus	2500	Th	451
Drowning	9941	Ulcer, duodenal	532
Drunkenness, simple	7132	Varicose veins, lower extremity	454
Emphysema of lung	4920		
Failure, congestive heart	4270		
Fever of undetermined origin	7886		
Flu-like syndrome	4650		
Gastroenteritis	5610		
Gout	2740		
Hemorrhoids	4550		

1. SEVERITY: Mild, Moderate, (Severe)
2. CHRONIC OR (ACUTE)
3. EXTERNAL PRECIPITATING STRESS: (Severe), Moderate, Minimal, or Undetermined. AS MANIFESTED BY Alcohol [illegible]
4. PREMORBID PERSONALITY AND PREDISPOSITION: (None), Mild, Moderate, Severe
5. IMPAIRMENT: (None), Minimal, Moderate, Marke

307 Adolescent adjustment reaction in a mixed personality manifested by ASA Overdose

(Check ☐ if continued on reverse side)

37. DAYS DURATION THIS FACILITY
a. 2 TOTAL b. _____ BED DAYS c. _____ QUARTERS OR DISPENSARY d. _____ LEAVE

SIGNATURE OF ATTENDING PHYSICIAN OR DENTIST: [signature]

SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER

FH FORM 18 JAN 71 828d

Standard Form 539
Rev. August 1973
GSA FPMR 101-11.8

MEDICAL RECORD | **ABBREVIATED MEDICAL RECORD**

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

[illegible] 24MAR95 — 15 y/o [illegible] seen the ER for Tx of acute salicylate overdose — [illegible] shortly prior to ER arrival — [with] father; pt refuses to give Hx of how many ASA he took; father says PMHx is neg; no allergies; Hx of being "depressed" — [illegible] last weeks. Came here tonight [with] reported ASA overdose.

[illegible] [illegible] ER — [illegible] [illegible]

(1) Salicylate level = 51% @ 9:45 pm — ER;

PHYSICAL EXAMINATION

Eyes — PERLA; non-icteric;
Chest — clear;
Cor — RSR [without] [illegible], gallops, or rubs;
Abd — soft & nontender;

PROGRESS (Enter date of discharge and final diagnosis)

[illegible] Minor clearance signed by father — [illegible] situation discussed [with] [illegible]

See SF509

SIGNATURE OF PHYSICIAN [signature]
DATE 24MAR95
IDENTIFICATION NO.
ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)
REGISTER NO.
WARD NO.

AUSTIN, PERRY A
391-80-02 30432 04 22
AUSTIN WILLIAM N SFC
HHT 6 ACCB
USDAH FT HOOD TX U/E

ABBREVIATED MEDICAL RECORD
Standard Form 539
539-104

Standard Form 507
(Revised August 1954)
Bureau of the Budget
Circular A-32

☆ U.S. GOVERNMENT PRINTING OFFICE: 1971-FSS 7470-0/446-277

CLINICAL RECORD

Report on

MEDICAL PROBLEM FLOW CHART

PROB No.	DATE OF ONSET	ACTIVE PROBLEMS & MEDICATIONS	INACTIVE PROBLEMS	DATE RESOLV.
		ASA OD		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

AUSTIN PERRY A
391 401 02 30432 04 22
AUSTIN WILLIAM N SFC
HHT 6 ACCB
USDAH FT HOOD TX D/E

REGISTER NO.

WARD NO.

REPORT ON MEDICAL PROBLEM FLOW CHART

Standard Form 507

INPATIENT COPY

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	US DARNALL ARMY HOSPITAL, FORT HOOD, TEXAS 76544
	DISCHARGE NOTE

DATE ADMITTED 24 MAR 75 DATE DISCHARGED 26 MAR 75

CAUSE OF ADMISSION ASA OD

THERAPEUTIC/SURGICAL PROCEDURE

FINAL DIAGNOSIS None

MEDICATION PRESCRIBED None

RECOMMENDED FOLLOW-UP CARE F/up PRN for Psych Svs + PRN

SIGNATURE OF PHYSICIAN

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

Austin Perry A.
391 90 02 3043 2042
Austin William M. SFC

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
SPONSOR'S NAME			RANK/GRADE
SSAN OR IDENTIFICATION NO.	MDA OP 33 20 Feb 75	ORGANIZATION	

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 500
September 1971
General Services Administration and Interagency Comm. on Medical Records
FPMR 101-11.809-3
600-104-01

CLINICAL RECORD | DOCTOR'S PROGRESS NOTES (Sign all notes)

DATE	
25 MAR [illegible]	#1 - DSH OD
	(S) Denies complaints [illegible] am; No resp distress or abd. pain
	(O) [illegible] - stable
	Salicylate level - 9 45 pm = 51 mg
	Urine output = good; 11 00 pm = 47
	2 00 am = 41
	6 00 am = = 33 %
	[illegible] [illegible] problems [illegible] am;
	Says he took pills to "knock myself out".
	(P) Observe [illegible] 2x [illegible] - toward [illegible]
	Psych consult
	[signature]
26 MAR [illegible]	(S) Asymptomatic x 24 hours;
	(O) [illegible] [illegible] [illegible]
	[illegible] [illegible] [illegible]
	(P) D/C [illegible] care of [illegible]
	[signature]

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

AUSTIN PERRY A
391 90 02 30432 04
AUSTIN WILLIAM N SPC
HHT 6 ACCB
USDAH FT HOOD TX U/E
INPATIENT RECORDS M

01192

DOCTOR'S PROGRESS NOTES
Standard Form 509
May 1969 Rev.
General Services Administration &
Int Agency Comm on Med. Records
509-107

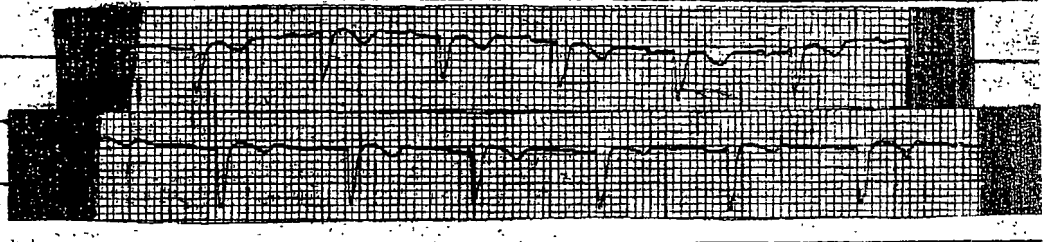
CLINICAL RECORD — **DOCTOR'S PROGRESS NOTES** (Sign all notes)

DATE TIME	B/P	T	P	R
2300	104/60	98.9	94	18

Pt Admitted from Ed. via Stretcher c IV of DSW 1000 cc KVO infusing in (R) lower fore arm ~~of~~ via 20 gauge Medicath. VSS 98.9-94-18 BP 104/60 skin color fair warm & dry c LOC WNL and X5 drawn in Ed. Pt does not appear in distress and has no complaints. D. Jordan notified. SIS Pam Dowell RN

2400

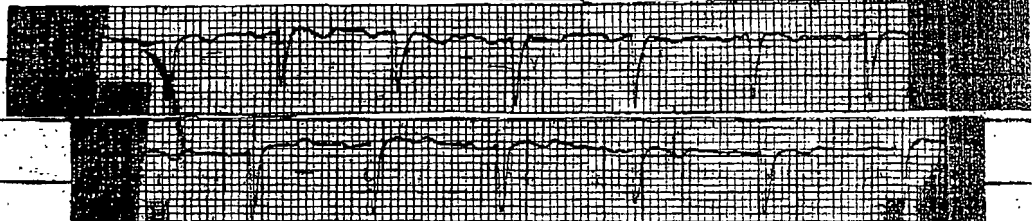
0100



0200 102/60 98.2 88 20

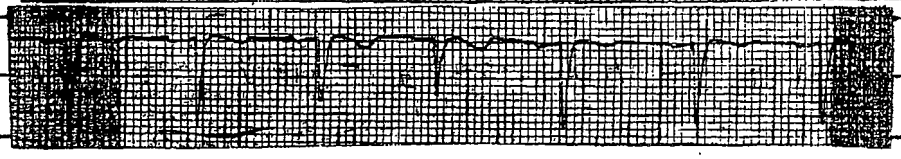
Blood to lab for Bl. Sugar, Lytes & Salicylates drawn — Laurie Robinson RN

0300



0400

0500



(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, date, hospital or medical facility)

AUSTIN PERRY A
391 90 02 30432 04 22
AUSTIN HILLIAM N SFC
HHT 6 ACCB
USDAH FT HOOD TX U/E
INPATIENT RECORDS M

011922

REGISTER NO.

WARD NO. CCU

DOCTOR'S PROGRESS NOTES
Standard Form 509
May 1966 (Rev.)
General Services Admin. &
Int. Agency Comm. on Med. Records
509-107

Standard Form 511
Rev. August 1956
Bureau of the Budget
Circular A—32

☆ GPO : 1971 O - 415-460

CLINICAL RECORD — **TEMPERATURE—PULSE—RESPIRATION**
FAHRENHEIT

HOSPITAL DAY		1		2		3		4		5		6		7	
POST- DAY															
MONTH-YEAR	DAY	24		25		26		27		28		29		30	
Mar. 1976	HOUR	260	260	260	260	260	260	260	260	260	260	260	260	260	260

PULSE (O) / TEMP. F (●) / TEMP. C

PULSE	TEMP. F	TEMP. C
	105°	
180	104°	40°
170	103°	
160	102°	38.9°
150	101°	
140	100°	37.8°
130	99° 98.6°	37°
120	98°	
110	97°	36.1°
100	96°	
90	95°	35°
80		
70		
60		
50		
40		

(Centigrade Equivalents for Reference only)

RESPIRATION RECORD: 18 20 18 24 18 18 18 16 16

BLOOD PRESSURE

HEIGHT | WEIGHT→

Record special data only when so ordered

INTAKE PO
IV
TOTAL
OUTPUT RM
UA
EMESIS
NG
TOTAL

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. | WARD NO.

AUSTIN PERRY A
391 90 02 30432 04 22
AUSTIN WILLIAM N SFC
HHT 6 ACCB
USDAH FT HOOD TX U/E
INPATIENT RECORDS H

011923

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT
Standard Form 511
511-108-02

Standard Form 513
Rev. August 1964
Bureau of the Budget
Circular A—32

CLINICAL RECORD — **CONSULTATION SHEET**

REQUEST

TO: N. P.

FROM: (Requesting ward, unit, or activity) CCU

DATE OF REQUEST: 25 Mar. 75

REASON FOR REQUEST (Complaints and findings)

15 year old O.D. ASA
Please see Today & clear for PIC transfer
[signature]
6:00 AM Today please

PROVISIONAL DIAGNOSIS

OD – ASA

DOCTOR'S SIGNATURE: Dr. Gordon / P Robinson R.N.

APPROVED

PLACE OF CONSULTATION: ☒ BEDSIDE ☐ ON CALL

☒ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

Imp: Adolescent Adjustment Reaction in Mixed personality disorder
Disp: discharge c̄ instructions to Parents to seek family counselling @ Bell Co. MHMR
Hx: Pt c̄ OD ASA says he didn't try to kill himself. He is angry hostile & uncooperative. ō sgn psychosis, severe depression. I think he could benefit from fam Rx. I would advise that ~~he~~ whatever steps are necessary by parents to keep him in the home & school be taken

(Continued on reverse side)

SIGNATURE AND TITLE: R. Michael Allen MD

DATE: 25 Mar 75

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO. CCU

AUSTIN PERRY A
391 90 02 30432 04 22
AUSTIN WILLIAM N SFC
HHT & ACCB
USDAH FT HOOD TX U/E
INPATIENT RECORDS N

011924

CONSULTATION SHEET
Standard Form 513
513—104—03

* UNITED STATES GOVERNMENT PRINTING OFFICE: 1972—454-765

CLINICAL RECORD	AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. NAME OF MEDICAL FACILITY	2. DATE	3. TIME A.M. P.M.

4. NAME OF PATIENT	5. OPERATION OR PROCEDURE
Austin, Perry	Minor Clearance - USO

B. STATEMENT OF CONSENT

1. The nature and purpose of the operation and anesthesia, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

2. I consent to the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the medical staff of the above-named medical facility, during the course of the above-named operation or procedure.

3. I consent to the administration of such anesthesia as may be considered necessary or advisable in the judgment of the medical staff of the above-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: _____
(If "none", so state)

5. I consent to the disposal by authorities of the above-named medical facility of any tissues or parts which it may be necessary to remove.

6. For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

(Cross out any parts above which are not appropriate)

C. AUTHORIZING SIGNATURES *(Appropriate items in Parts A and B must be completed before signing)*

1. a. PATIENT (If patient cannot sign, state reason and provide for completion of b.)

William N. Austin FATHER
Signature

b. PERSON AUTHORIZED TO SIGN FOR PATIENT (If not applicable, so state)

_____
Signature

John Jordan, MD

_____
Address

AUTHORITY TO CONSENT _____

2. WITNESS Elizabeth Woods RN

_____
Signature

5113-1 Waco Ct. Ft. Hood
Address

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; state, privacy hospital or medical facility)*

AUS [illegible]
391 90 02 30432 04 22
AUSTIN WILLIAM N SFC
MHT 6 ACCB
USDAH FT HOOD TX U/E
INPATIENT RECORDS

REGISTER NO.	WARD NO.

STANDARD FORM 522
March 1969 (Rev.)
General Services Administration &
Interagency Comm. on Medical Records
FPMR 101-11.809-3
522-106

011925

U.S. GOVERNMENT PRINTING OFFICE 1968 —340-855 (13-1)

CLINICAL RECORD

AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A IDENTIFICATION

1 NAME OF MEDICAL FACILITY	2 DATE	3 TIME
US DARNALL ARMY HOSPITAL FORT HOOD, TEXAS 76544	24 March 05	2300 (A.M. / P.M.)

4. NAME OF PATIENT	5. OPERATION OR PROCEDURE
Austin Perry A 314-32-0422	Arterial Blood Gas

B STATEMENT OF CONSENT ("X" APPLICABLE BOX(ES))

1. ☐ The nature and purpose of the operation and anesthesia, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.
2. ☐ I consent to the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the medical staff of the above-named medical facility, during the course of the above-named operation or procedure.
3. ☐ I consent to the administration of such anesthesia as may be considered necessary or advisable in the judgment of the medical staff of the above-named medical facility.
4. ☐ Exceptions to surgery or anesthesia, if any, are: _____ *(If "none", so state)*
5. ☐ I consent to the disposal of any tissues or parts which it may be necessary to remove by authorities of the above-mentioned facility.
6. ☐ For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

C AUTHORIZING SIGNATURES

1 a PATIENT (If patient cannot sign, state reason and provide for completion of b.)

William M. Austin
Signature

b PERSON AUTHORIZED TO SIGN FOR PATIENT (If not applicable, so state.)

Patient and/or Consenting Individual has been Counseled under Provisions of Para 5e, AR 40-3

Signature

Address

MC/DC

AUTHORITY TO CONSENT Father

2. WITNESS [signature] 5/24/05

Signature

Address

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

REGISTER NO.	WARD NO.

AUSTIN PERRY A
39 90 02 30432 04 22
AUSTIN WILLIAM N SFC
HHT 6 ACCB
USDAH FT HOOD TX U/E
INPATIENT RECORDS M

011926

STANDARD FORM 522
June 1968 (Revised)
General Services Administration &
Interagency Comm on Medical Records
FPMR 101-11.809-3
522-105

HHT 6 ACCB
AUSTIN WILLIAM N SFC

DATE	7	DATE	8

INSTRUCTIONS:
1. This form overrides doctor's orders DD Form 728.
2. Patient's name must be inserted under columns (1) and (5) for microfilming identification.

3. Fold on this scoring and crease firmly.

DD FORM 1 APR 55 640 REPLACES DD FORM 640 1 MAY 52, WHICH MAY BE USED

★ U.S. GOVERNMENT PRINTING OFFICE

NURSING NOTES

4. Fold back on this scoring and crease firmly.

DATE		DATE	2
			2300 cont from Dx ASA Overdose Patient
			Placed on Monitor Dr Jordan Notified —
24 May 2300	NAME Austin, Peggy T 2300		SP5 James Rozells 91C —
	AGE 15 BED 1		for further Nursing notes see SF509 [illegible]
	HCT WT 104/60		
	TPR 98.2 94-18 DT	25 May	0915 transfer to NU-E in [illegible]
	ALLERGIES COTS HOME		condition & per Dr Jordan's [illegible]
	TEL NO CO		— SP4 Michael P. Perry 91C
	HEALTH RECORDS YES NO DISP		
	2300 Pt admitted to CC via Stretcher c IV of		1300 — [illegible] discontinued
	D5W in (L) lower forearm via 20 guage		[signature]
	medicut. TPR 98.9 94-18 BP 104/60 Skin	26 Mar	1000 discharged to home in
	color fair warmth fair. CBC UA lytes		care of father.
	and BS drawn in ER. when Pt was admitted		Margaret Barnello maj ANC

NAME — REGISTER NUMBER

391 90 03 30433 04 22
AUSTIN WILLIAM N SFC
HHT 6 ACCB
USDAH FT HOOD TX U/E

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER.

MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH.

AUSTIN WILLIAM N SFC
HHT 6 ACCB
USDAH FT HOOD TX U/E
INPATIENT RECORDS M

MAJ MARGARET K BARRELLE RN ANC
1LT SUZANNE M CARR RN ANC
1LT JOHN ROBINSON RN ANC
MRS GRACE RHODUS RN
MRS MAXINE HAMILTON RN
MRS ELAINE NETTLES RN
MRS GRIFFIN DOROTHY RN
MRS SUZANNE HUTSON RN

MS MARIE SVETLIK LVN
LMK LILA M KNOX LVN
SB SUZANNE BECK LVN
JGF JAMES G FOWLDS 91C 20
JCN JOHN C NORDQUIST 91C 20
PLW PATRICIA L WAGNER LPN
KWP KENNETH W PEEL 91C 40

KAUFMAN DEDELL PRINTING, INC.

(D) DAY, (E) EVENING, (N) NIGHT

YEAR 19 75	DOCTOR'S ORDERS ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.	DATE DISC / DOCTOR'S INITIALS	24 SHIFT D E N	25 SHIFT D E N	26 SHIFT D E N	27 SHIFT D E N	28 SHIFT D E N	29 SHIFT D E N
24 MAR 75	① Admit ECU - Dx = OD [illegible] 2300							
11 00 pm	② Reg Diet if Tolerated; 2300							
	③ Routine CCU VS; 2300							
	④ ER CBC, U/A, lytes, BS, BUN							
	⑤ SMA-12 - AM; 2300							
	⑥ ~~[illegible] level at~~							
	12 ~~midnight + 7 AM~~ [illegible]							
	⑦ Stat Art Bl gases;							
	⑧ #1000 cc [illegible]							
	X [illegible] 2 hrs							

DD FORM 1 JUL 53 728 REPLACES DD FORM 639, 1 MAY 52: DD FORM 641, 1 MAY 52: AND DD FORM 642, 1 MAY 52, WHICH ARE OBSOLETE.

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER.

MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH.

DS

DS DONNA SMOLEN 1LT ANC
KV KAREN VINC 1LT ANC
BT BETTY TERRY 2LT ANC
SR SUSIE ROSE RN
SM SIGRID MALHOSKY RN
LR LOUISE ROBINSON RN
RB RUTH BOSCHEE RN

COM CARLTON D MC ... SP6 WH
PS PHILLIP SOUCY SP ...
KS KIM SCHRADER SP4 91C
KG KAREN GLAZENER SP4 91C
MP MICHAEL PERRY SP4 91C
RH ROGER HALL SP4 91C

AUSTIN PERRY A
39. 90 02 ...
AUSTIN WILLIAM N SFC
HHT 6 ACCB
USDAH FT HOOD TX U/E
INPATIENT RECORDS M

2

Mar (D) DAY, (E) EVENING, (N) NIGHT

YEAR 19 75	DOCTOR'S ORDERS — ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.	DATE DISC. / DOCTOR'S INITIALS	25 SHIFT D E N	26 SHIFT D E N	27 SHIFT D E N	28 SHIFT D E N	29 SHIFT D E N	30 SHIFT D E N
25 Mar 75	(1) Transfer to WARD E, 0815/DS		DS					
7 30 Am	(2) Rx - Butisol ... 0815/DS		DS					
	(3) Reg diet; up ad lib 0815/DS		DS [illegible] DS					
	(4) Suicide precautions 0815/DS		DS [illegible] DS					
	(5) VS q 4 hrs 0815/DS		DS [illegible] DS					
	(6) Psych consult 0815/DS		DS					
	(7) lytes at 1 pm - stat 0815/DS		DS					
	(8) Hct at 1 pm stat 0815/DS		DS					
	(9) D/C I+O 0815/DS		DS					
	(10) D/C IV after present bottle 0815		DS					

DD FORM 1 JUL 53 728 REPLACES DD FORM 639, 1 MAY 52; DD FORM 641, 1 MAY 52; AND DD FORM 642, 1 MAY 52. WHICH ARE OBSOLETE.

GOVT. CONTRACT NO. DAHC31-72-D-0011-0001

PATIENT ADMISSION INFORMATION

For use of this form, see AR 40-400; the proponent agency is the office of The Surgeon General.

PLATE LINE 1

1. REGISTER NUMBER: 391 901
2. NAME (Last, first, middle initial): AUSTIN PERRY A
3. GRADE: DEP

2

4. SEX: M
5. AGE: 15
6. RACE: CAU
7. RELIGION: PROT
8. LENGTH OF SERVICE:
9. HOUR OF ADMISSION: 2230
10. DATE OF THIS ADMISSION: 24 MAR 75

3

11. FMP: 02
12. SOCIAL SECURITY ACCOUNT NUMBER: 304 32 0422
13. ORGANIZATION/AUTHORITY FOR ADMISSION: SON-A-SFC HHT 6 ACC B
14. WARD: CCU
15. TYPE CASE: D

4

16. FLYING STATUS ☐ YES ☐ NO
17. RATING/DESIGNATION:
18. DEPARTMENT:
19. BRANCH/CORPS:
20. UNIT IDENTIFICATION CODE:
21. EXPIRATION TERM OF SERVICE: ~~Indef~~ OCT 76
22. PREVIOUS ADMISSION: _____ YR ☒ NO

5

23. SOURCE OF ADMISSION: DIRECT
24. DATE OF INITIAL ADMISSION:

6

25. NAME OF EMERGENCY ADDRESSEE (Include ZIP Code): AUSTIN WILLIAM N
RELATIONSHIP: F

7

26. ADDRESS OF EMERGENCY ADDRESSEE: 51113-1 WACO CT FHT
TELEPHONE NUMBER: 532-226

8

27. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY:
28. MEDICAL TREATMENT FACILITY CODE:

FOR LOCAL USE

HOSPITAL ADMISSION ORDER

Admit to the service indicated:

~~Medical~~ ~~Surgical~~ Urology OB GYN EENT Ortho Dental Newborn Psychiatry

CCU

Code Number _____

Diagnosis: ASA overdose - guilt

Instructions: The Hospital Admission Order and items 2, 10, & 14 above will be completed by the physician or clinic personnel for every admission, including quarters. It must be signed by a Medical Officer only. It is to be presented to the Admissions Branch as authority for admission.

SIGNATURE OF ADMITTING CLERK: 01:930

ADMITTING OFFICER: JM Parker

DA FORM 2985 OCT 70 EDITION OF 1 M... IS OBSOLETE.

AUSTIN PERRY A
391 90I 02 30432 04 22
AUSTIN WILLIAM N SFC
HHT 6 ACCB
USAH FT HOOD TX
INPATIENT RECORDS N

CLINICAL RECORD CHECK

(Please see reverse for instructions for completion of Clinical Record)

REGISTER NUMBER	*This checklist is to be completed by the attending physician. The following procedures relative to this record have been completed:*

	YES	NO
1. Cover Sheet completed in accordance with AR 40-400. Diagnoses and surgical procedures are in agreement with ICDA, Vol 1 and 2. Correct entries made for ☐ Diagnoses previously recorded ☐ Line of Duty ☐ Blood transfusions ☐ Disposition of patient ☐ Profile	✓	
2. Narrative summary ☐ Dictated ☐ Filed in record ☑ Abbreviated Clinical Record (SF 539) ☐ Prenatal and Pregnancy ☐ Labor (SF 534) ☐ NB (SF 535) Signed by Obstetrician	N	
3. History - Part I (SF 504) and History - Parts II and III (SF 505) Physical (SF 506) completed to include Review of Vital Signs and signed by examining physician.		
4. Progress Notes (SF 509) adequate (to include discharge note) and signed by the attending physician.	✓	
5. Consultation Sheet (SF 513) signed by consultant and initialed by requesting physician.	✓	
6. Lab Reports (SF 514) initialed and filed in record.	✓	
7. Tissue Examination/Pathology Report (SF 515) signed and filed in record.		
8. Operation Report (SF 516) ☐ dictated ☐ filed in record.		
9. Anesthesia Record (SF 517) completed and filed in record.		
10. Blood Transfusion (SF 518)		
11. X-ray Report (SF 519) initialed and filed in record.		
12. Authorization for Surgical Procedure (SF 522) signed by patient and witness.		
13. Pediatric Nursing Notes (SF 536).		
14. Nursing Notes (DD 640) completed, including notation of discharge from hospital.	✓	
15. All Doctor's Orders (DD 728), including orders copied by nurse, signed by physician.	✓	

AUDITED BY

DARLOW L INBERG
MAJ MSC
CH PATIENT ADMIN DIV
REGISTRAR

DATE 31 Mar 04

DEPUTY REGISTRAR

REVIEWED BY

DATE

CHIEF OF SERVICE

FORM 1387

011931